''(1) IN GENERAL.—A State that is a qualifying State (as defined in section 1905(ii)(3)) shall not provide medical assistance to individuals described in subsection (a)(10)(A)(i)(VIII) unless the State meets the requirements described in paragraph (2).

''(2) REQUIREMENTS.—The requirements described in this paragraph are the following:

''(A) DRUG TESTING.—The State requires individuals described in subsection (a)(10)(A)(i)(VIII) to receive a drug test as a condition of eligibility for medical assistance under the State plan or a waiver of such plan.

''(B) SUBSTANCE USE DISORDER TREATMENT.—The State requires any individual described in subsection (a)(10)(A)(i)(VIII) who tests positive for drug use or is otherwise known to the State to have a substance use disorder to receive substance use disorder treatment as a condition of eligibility for medical assistance under the State plan or a waiver of such plan.''.

SA 979. Mr. BRAUN submitted an amendment intended to be proposed to amendment SA 891 proposed by Mr. SCHUMER to the bill H.R. 1319, to provide for reconciliation pursuant to title II of S. Con. Res.5; which was ordered to lie on the table; as follows:

Strike section 9814 and insert the following:

SEC. 9814. TEMPORARY INCREASE IN FMAP FOR MEDICAL ASSISTANCE UNDER STATE MEDICAID PLANS WHICH BEGIN TO EXPEND AMOUNTS FOR CERTAIN MANDATORY INDIVIDUALS.

(a) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by section 9811 of this subtitle, is further amended—

(1) in subsection (b), in the first sentence, by striking ''and (hh)'' and inserting ''(hh), and (ii)'';

(2) in subsection (ff), by striking ''subject to subsection (hh)'' and inserting ''subject to subsections (hh) and (ii)''; and

(3) by adding at the end the following new subsection:

''(ii) TEMPORARY INCREASE IN FMAP FOR MEDICAL ASSISTANCE UNDER STATE MEDICAID PLANS WHICH BEGIN TO EXPEND AMOUNTS FOR CERTAIN MANDATORY INDIVIDUALS.—

''(1) IN GENERAL.—For each quarter occurring during the 8-quarter period beginning with the first calendar quarter during which a qualifying State (as defined in paragraph (3)) expends amounts for all individuals described in section 1902(a)(10)(A)(i)(VIII) under the State plan (or waiver of such plan), the Federal medical assistance percentage determined under subsection (b) for such State shall, after application of any increase, if applicable, under section 6008 of the Families First Coronavirus Response Act, be increased by 5 percentage points, except for any quarter (and each subsequent quarter) during such period during which the State ceases to provide medical assistance to any such individual under the State plan (or waiver of such plan).

''(2) SPECIAL APPLICATION RULES.—Any increase described in paragraph (1) (or payment made for expenditures on medical assistance that are subject to such increase)—

''(A) shall not apply with respect to disproportionate share hospital payments described in section 1923;

''(B) shall not be taken into account in calculating the enhanced FMAP of a State under section 2105;

''(C) shall not be taken into account for purposes of part A, D, or E of title IV; and

''(D) shall not be taken into account for purposes of applying payment limits under subsections (f) and (g) of section 1108.

''(3) DEFINITION.—For purposes of this subsection, the term 'qualifying State' means a State which has not expended amounts for all individuals described in section 1902(a)(10)(A)(i)(VIII) before the date of the enactment of this subsection.''.

(b) CONDITIONS ON PROVIDING MEDICAL ASSISTANCE TO CERTAIN MANDATORY INDIVIDUALS.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—

(1) in subsection (a)(10)(A)(i)(VIII), by striking ''beginning January 1, 2014'' and inserting ''subject to subsection (tt)''; and

(2) by adding at the end the following new subsection:

''(tt) CONDITIONS ON THE PROVISION OF MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS.—

''(1) IN GENERAL.—A State that is a qualifying State (as defined in section 1905(ii)(3)) shall not provide medical assistance to individuals described in subsection (a)(10)(A)(i)(VIII) unless the State conditions medical assistance to such individuals on the satisfaction of a work requirement.

''(2) WORK REQUIREMENT DEFINED.—In this subsection, the term 'work requirement' means, with respect to an individual, the individual's participation in work activities (as defined in section 407(d)) for such period of time as determined by the State, and as directed and administered by the State.''.

SA 980. Mr. BRAUN submitted an amendment intended to be proposed to amendment SA 891 proposed by Mr. SCHUMER to the bill H.R. 1319, to provide for reconciliation pursuant to title II of S. Con. Res. 5; which was ordered to lie on the table; as follows:

At the end of section 2801 of the amendment, add the following:

(c) TRANSPARENCY IN COVERAGE.—Section 1311(e)(3) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(e)(3)) is amended—

(1) in subparagraph (A)—

(A) in clause (vii), by inserting before the period the following: '', including, for all items and services covered under the plan, aggregate information on specific payments the plan has made to out-of-network health care providers on behalf of plan enrollees''; and

(B) by designating clause (ix) as clause (x); and

(C) by inserting after clause (viii), the following:

''(ix) Information on the specific negotiated payment rates between the plan and health care providers for all items and services covered under the plan.'';

(2) in subparagraph (B)—

(A) in the heading, by striking ''USE'' and inserting ''DELIVERY METHODS AND USE'';

(B) by inserting '', as applicable,'' after ''English proficiency''; and

(C) by inserting after the second sentence, the following: ''The Secretary shall establish standards for electronic delivery and access to such information by individuals, free of charge, in machine readable format, through an internet website and via open APIs.'';

(3) in subparagraph (C)—

(A) in the first sentence, by inserting ''or out-of-network provider'' after ''item or service by a participating provider'';

(B) in the second sentence, by striking ''through an internet website'' and inserting ''free of charge, in machine readable format, through an internet website, and via open APIs, in accordance with standards established by the Secretary,''; and

(C) by adding at the end the following: ''Such information shall include specific negotiated rates that allow for comparison between providers and across plans, and related to a patient's specific plan, including after an enrollee has exceeded their deductible responsibility.''; and

(4) in subparagraph (D) by striking ''subparagraph (A)'' and inserting ''subparagraphs (A), (B), and (C)''.

SA 981. Mr. BRAUN submitted an amendment intended to be proposed to amendment SA 891 proposed by Mr. SCHUMER to the bill H.R. 1319, to provide for reconciliation pursuant to title II of S. Con. Res. 5; which was ordered to lie on the table; as follows:

At the end of section 2801 of the amendment, add the following:

(c) TRANSPARENCY IN COVERAGE.—

(1) IN GENERAL.—Section 1311(e)(3) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(e)(3)) is amended—

(A) in subparagraph (A)—

(i) in clause (vii), by inserting before the period the following: '', including, for all items and services covered under the plan, aggregate information on specific payments the plan has made to out-of-network health care providers on behalf of plan enrollees''; and

(ii) by designating clause (ix) as clause (x); and

(iii) by inserting after clause (viii), the following:

''(ix) Information on the specific negotiated payment rates between the plan and health care providers for all items and services covered under the plan.'';

(B) in subparagraph (B)—

(i) in the heading, by striking ''USE'' and inserting ''DELIVERY METHODS AND USE'';

(ii) by inserting '', as applicable,'' after ''English proficiency''; and

(iii) by inserting after the second sentence, the following: ''The Secretary shall establish standards for electronic delivery and access to such information by individuals, free of charge, in machine readable format, through an internet website and via open APIs.'';

(C) in subparagraph (C)—

(i) in the first sentence, by inserting ''or out-of-network provider'' after ''item or service by a participating provider'';

(ii) in the second sentence, by striking ''through an internet website'' and inserting ''free of charge, in machine readable format, through an internet website, and via open APIs, in accordance with standards established by the Secretary,''; and

(iii) by adding at the end the following: ''Such information shall include specific negotiated rates that allow for comparison between providers and across plans, and related to a patient's specific plan, including after an enrollee has exceeded their deductible responsibility.''; and

(D) in subparagraph (D) by striking ''subparagraph (A)'' and inserting ''subparagraphs (A), (B), and (C)''.

(2) ENFORCEMENT.—In addition to any other enforcement actions or penalties that may apply with respect to the amendments made by paragraph (1), a hospital that fails to provide the information required under such amendments shall be subject to a civil monetary penalty of an amount not to exceed $1000 per person per day that the violation is ongoing as determined by the Secretary. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1128A of the Social Security Act are imposed and collected.

SA 982. Mr. BRAUN submitted an amendment intended to be proposed to amendment SA 891 proposed by Mr. SCHUMER to the bill H.R. 1319, to provide for reconciliation pursuant to title